

IMPORTANT:

All sections of this application **MUST** be completed. *Incomplete applications will NOT be accepted.*

APPLICATION FEE: \$25.00
(non-refundable)

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

900 _____
Initials _____
Date Entered _____



ALBANY
Technical College

A Unit of The Technical College System of Georgia

Please check the box to indicate which location you plan to attend.

MAIN CAMPUS
1704 South Slappey Blvd.
Albany, Georgia 31701
877.261.3113
229.430.3500



**RANDOLPH COUNTY
LEARNING CENTER**
241 U.S. Highway 82 East
Cuthbert, Georgia 39840
229.732.5280



albanytech.edu



SECTION 1: PERSONAL INFORMATION

Legal Name _____ Any Other Name Used Before _____
Mailing Address _____ County of Residence _____
Physical Address (if different from mailing address) _____
City _____ State _____ Zip Code _____ Date of Birth (month/day/year) ____/____/____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Emergency Contact _____ Phone (____) _____
Email Address _____ Referred by: Former Student Graduate Advisory Committee Member
 Employer Instructor _____ Other _____
Social Security Number (This number is requested for purposes of administration, program evaluation and consumer and alumni data. If you do not wish to provide, it will not affect your admission.) _____
Name of Employer _____ Job Title _____

SECTION 2: STATISTICAL INFORMATION (This information is for statistical reporting only and will not be used as a basis for admission.)

Gender: MALE FEMALE Are you Hispanic/Latino? YES NO
Please select one or more: American Indian or Alaskan Native(1) Asian (2) Black or African American (3)
 Native Hawaiian or other Pacific Islander (4) White (5)
Are you active in the Armed Forces? YES NO If so, what branch? _____
Are you the dependent/spouse of an active member of the armed forces? YES NO If so, what branch? _____
Are you a veteran in the Armed Forces? YES NO If so, what branch? _____
Are you the dependent/spouse of a veteran of the armed forces? YES NO If so, what branch? _____
Are you a Reservist? YES NO If so, what branch? _____
Are you the dependent/spouse fo a Reservist? YES NO If so, what branch? _____
Did either your mother or father graduate from college? YES NO

SECTION 3: RESIDENCY INFORMATION (Failure to answer the questions below may result in the inaccurate assessment of tuition. Acceptable documentation and written appeal to the Office of Admissions is required to change residency status.)

Are you a United States citizen: YES NO If no, what Visa type _____ and/or Resident Alien Number A _____
Are you applying for In-State Tuition Rate? YES NO
Are you under 24 years of age: YES NO
If yes → Did your parent(s) or legal guardian claim you on their most recent tax return: YES NO
If yes → What is the state of legal residence of the parent(s) or legal guardian who claimed you? _____
Has that parent or legal guardian lived in that state for the last 12 consecutive months? YES NO
If you are over 24 (or under 24 and neither parent(s) or guardian claimed you on their tax return), have you been a legal resident of Georgia for the last 12 consecutive months? YES NO

SECTION 4: STUDENT TYPE/ PROGRAM OF STUDY INFORMATION

Student Status (Check one): **BEGINNING (B)** (You are a first time college student.) **TRANSFER (T)** (You have attended another college, university, or technical college before.) **RETURNING (R)** (You have attended ATC before.)
 SPECIAL ADMIT STUDENT (You are not planning to complete a program of study-no financial aid is available.) **TRANSIENT (A)** (You attend another college, but wish to take a class at ATC- must have transient letter from home college.) **ADULT EDUCATION (G)** (You are currently enrolled in Adult Education classes.)

Program of Study/Major _____
Do you plan to graduate from your program of study? YES NO Preferred Schedule: DAY EVENING FULL-TIME PART-TIME
Type of Credential you are seeking (Check one): TECHNICAL CERTIFICATE OF CREDIT DIPLOMA ASSOCIATE OF APPLIED SCIENCE DEGREE
Term you wish to enter Fall Spring Summer Year _____

SECTION 5: EDUCATIONAL INFORMATION Note: It is the student's responsibility to have an official high school transcript (or GED scores) sent in a sealed envelope to: Admissions Office of the campus you plan to attend. See the top of this application for address information.

Do you have a High School Diploma or GED? Yes, I graduated from High School No, I did not graduate from High School
 Yes, I have a GED No, I do not have a GED
What year did you graduate? _____ Name of High School or GED Center attended: _____

SECTION 6: POSTSECONDARY EDUCATION INFORMATION

**ANSWERS TO THE FOLLOWING QUESTIONS CAN AFFECT YOUR FINANCIAL AID.
PLEASE ANSWER CAREFULLY AND COMPLETELY!**

List all previous postsecondary institutions, technical colleges, colleges, or universities attended, including ATC. (List the most **RECENT** first)

Would you like to receive any information on services for: Displaced Homemaker Single Parent Limited English Proficiency Services
 Single Parent Services GED/Adult Education Peer Tutorial Services

For more information on Disability Services, contact Regina Watts, Special Needs Coordinator, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.2854 or rwatts@albanytech.edu

Please initial each of the following:

- I certify that by signing this application I have incurred an application fee and that fee is non-refundable.
- I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal.
- I understand that an official copy of my High School transcript or GED scores must be provided at the time of application or prior to graduation.
- I agree to abide by policies and procedures outlined in the ATC Student Handbook. I understand that I will receive the student handbook when I attend the mandatory new student orientation session.
- I understand that ALL MATERIALS SUBMITTED for application become the property of Albany Technical College and will not be returned to the applicant.
- I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of ATC, a unit of the Technical College System of Georgia.
- I give permission for ATC to release information to potential employers or other entities as outlined in the college catalog.
- I understand ATC is not liable for any emergency medical attention provided nor for charges incurred from such.
- I give ATC permission to contact me at the telephone numbers I have provided via any means, including text message or voice.

Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in your dismissal from the College.

My signature on this application signifies that all information provided on this application is accurate and correct.

Applicant's Signature _____ Date _____

As set forth in its student catalog, Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies. Title IX of the Education Amendments prohibits discrimination on the basis of sex in education programs or activities and also covers employment and admission to institutions that receive federal financial assistance. For more information on Title IX, contact Kathy Skates, Vice President of Administration, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.3524 or kskates@albanytech.edu.

In accordance with Section 504, no qualified individuals with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives Federal financial assistance or is conducted by an Executive agency or the United States Postal Service. For more information on Section 504, contact Regina Watts, Special Needs Coordinator, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.2854 or rwatts@albanytech.edu

*An individual who wishes to acquire this publication in an alternative format should call 229.430.3500.